

ZANZIBAR NURSES ASSOCIATION

**SITUATIONAL ANALYSIS REPORT ON THE ROLE OF COMMUNITY HEALTH
WORKERS ON PROMOTION OF LONG TERM FAMILY PLANNING METHODS**

JUNE, 2016

LIST OF ABBREVIATIONS

BTL	Bilateral Tubal Ligation
CHWs	Community Health Workers
CBDs	Community B Distributes
DHMT	District Health Management Team
DMT	District Management Team
IUCDs	Intrauterine Contraceptive Devices
IRCH	Integrated Reproductive Child Health
RCH	Reproductive and child health services
FP	Family Planning
PHCUs	Primary health care Facilities
PHNB	Public Health Nurse B
MOH	Ministry of Health
UMATI	Uzazi na Malezi Bora Tanzania
UNICEF	United Nation Children Fund
ZANA	Zanzibar Nurses Association

SITUATIONAL ANALYSIS FOR UTILIZATION OF LONG TERM FP METHODS IN NORTH A UNGUJA AND NORTH PEMBA

1.0 INTRODUCTION

1.1 Background information

Family Planning (FP) – the ability for a woman and man to control the timing and number of their pregnancies – plays a crucial role in advancing quality health improvements to meet Millennium Development Goals. In Tanzania, 26.4 percent of married women reported use of any method of contraception, while modern methods reached a prevalence of 20 percent. Factors limiting contraceptive prevalence include widespread misconceptions and concerns about side-effects, low acceptance of long-acting methods, erratic supplies and a limited range of choices, gaps in provider knowledge and skills (along with provider bias), and competing priorities pursuing scarce resources. Limited male involvement, poor communication between spouses, and the perceived value of large families also contribute to low use of FP methods.

1.2 Scope of the project

Zanzibar Nurses Association (ZANA) in collaboration with United Nations Association (UNA) under the support from Africa Women leaders Network (AWLN) implementing a short term project on advocacy of long term FP methods through training of community health workers who will be on the front lead on promotion of long term FP methods in their community and provision of peer education to colleagues. The project will be implemented in two regions of Zanzibar, which are North Pemba and North Unguja in four PHCUs of Mahonda, Nungwi in Unguja and Chwale and Konde in Pemba.

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2.0 OBJECTIVES OF THE STUDY

2.1 General Objective

To determine long term family planning acceptance

2.2 Specific Objectives

- I. To identify the existing situation of availability and utilization of long term family planning methods in the identified communities.
- II. To identify the existence of community health workers and their status in promotion of family planning methods.
- III. To determine community perception toward long term family planning methods.
- IV. To identify the different stakeholders available in the community in supporting promotion and provision of long term family planning methods.

3.0 METHODOLOGY

The study will be conducted in four PHCUs that will involve RCH service providers, CHWs, DHMTs and DMT members and existing FP service users. The qualitative and quantitative methods used to collect the information through interview and document review to get information about the existing users.

The convenient sampling method will be used due to the limited time for doing data collection and finishing the process of situational analysis.

4.0 KEY FINDINGS

PARTICIPANTS INVOLVED IN THE STUDY

A total of 50 participants were involved in this study, out of them there were RCH service providers which included 5 PHNB, 1 Public Health officer, 1 Coordinator from UMATI and 1 nurse; 20 service users, 8 community health workers, and 14 district Health Management team members.

A total seven RCH providers were involved in this study.

Health Facility Name	Number of participant	percent
Chwale	1	14.3
Konde	2	28.6
Mahonda	2	28.6
Nungwi	2	28.6
TOTAL	7	100

This number of RCH service providers were reached from the number of all service providers who were available in their health care facility during the time of study, therefore the convenient method of sampling was used as all providers working in RCH were included in this study.

The number of service users involved in the study by their location

	Participants	Percent
Mahonda	4	20
Nungwi	5	25
Konde	4	20
Chwale	7	35
TOTAL	20	100

The convenient method of involving service users was used and the availability was done from their community areas.

A total of eight CHW were involved in this study, 3 (37.5%) from Mahonda, 2 (25%) from Konde, 1 (12.5%) from Chwale and 3 (37.5%) from Mahonda. Also a total of 14 District Health Management Team members (DHMT) and District Management Team (DMT) member were involved in this study.

TYPES OF LONG TERM FP METHODS AVAILABLE IN THE INVOLVED HEALTH FACILITIES

Due to the level of health facilities the only type of long term family planning methods that can be provided in these health facilities is Norplant which has been mentioned by all RCH service providers in all health facilities (100%) as a common long term method which available in their health facilities, however Konde PHCU has mentioned to promote IUCDs and bilateral tubal ligation (BTL) method and Konde addressed the promotion of BTL only without IUCDs. No any health facilities addressed promotion of vasectomy.

KNOWLEDGE OF COMMUNITY MEMBERS ON LONG TERM FP METHODS (N=20)

The findings showed that majority of respondents from service users which is 90% they know about Norplant, 35% they know about IUCDs, 15% they know about bilateral tubal ligation and only 5% they know about vasectomy. Most of these respondents 85% heard about long term FP methods from service providers at RCH clinic, 20% from their neighbours, 20% from CHW and 5% from radio.

COMMON MISCONCEPTION ON LONG TERM FP METHODS

Also service providers mentioned that there are some misconceptions regarding FP methods in the community which in general impede the utilization of family planning. These misconceptions including causing excessive vaginal bleeding (37.5%), cancer (12.5%), infertility (12.5%), impair the nature of the women (12.5%), and IUCDs causing a lot of problem (12.5%). Despite of these rumours there are some health care providers (50%) mentioned that there some people in the community prefer long term FP methods.

THE NUMBER OF CLIENT USING LONG TEARM FP METHODS IN 2015

The existing number of clients using long term FP methods from each health facility involved in this study up to 2015 has been summarized in the Table below.

Method	Mahonda	Nungwi	Konde	Chwale
Norplant	109	65	164	16
IUCDs	20	0	10	0

BTL	0	0	0	0
Vasectomy	0	0	0	0

The health facilities do not perform BTL and vasectomy but they were required to report the number of people who have been counselled and accepted to engage to the method but they have addressed the problem of delay in performing the procedure to those who have accepted BTL which lead to changing of the decision due to waiting for a long time to get the services as the technical persons either do not attend the facilities or taking long time to visit as most of them come to the facilities from Tanzania Mainland and only come for outreach services

Furthermore the findings revealed that the FP users utilize family planning for a period of two years just for ensure ng breast feeding of their babies as most of the respondents (90%) expressed that they use FP methods only the time they breast fed their babies and continue to conceive soon after breast feeding. Only 20% expressed to use FP for improvement of their health and health of the babies.

AVAILABILITY OF COMMUNITY HEALTH WORKERS AND THEIR RESPONSILITIES ON FP PROMOTION

In all health facilities there are some numbers of community based health worker who are involved in the provision of FP methods especially of short term and promotion of long term methods. In all health facilities involved in this study showed that they work with community health workers (CHW) who are active. These CHW addressed by different title like Wahamasishaji Jamii (WAJA) trained by UMATI) CBDs (trained by MOH), community health volunteers, and community health mobilizers.

The main responsibilities of these CHW on family planning including provision of short term, family planning advocacy, transfer client who opt long term family planning methods and community health education. The CHW from Nungwi have been trained of long term methods were trained on long term methods by Marie Stopes and Jhipiego, Mahonda mentioned Marie Stopes, MOH and UNICEF, Chwale have been trained only on short terms methods and they have only explained briefly on long term methods, and Konde has been trained by IRCH and team from Tanzania Mainland.

CONTINUATION OF SUPPORTING INITIATE FP PROMOTION ACTIVITIES

The findings showed that the community activities are well implemented during the time of receiving support from different stakeholders but the implementation of activities slow down when the support cease. The DHMTs and DMTs put the planned activities in their implantation plan, but the support of these activities not reliable due to instability of budget from the DHMTs and DMTs as addressed by DHMT and DMT members.

CONCLUSIONS:

1. The community member are mostly aware of Norplant than other methods of long term family planning methods and have limited knowledge on vasectomy and so utilization of these methods.
2. There are CHWs in all four health facilities who assist in promotion of FP but the findings showed that majority of community members received the information of long term FP methods from health facility staff than CHW. This showed the need of CHW to be trained and given refresher training on community sensitization and long term FP methods.
3. To identify the existence of community health workers and their status in promotion of family planning methods.
4. There are still misconceptions regarding to family planning in the community which may lead to low utilization of FP methods by the community members
5. There are different stakeholders in the community which support different FP promotion activities and community health workers but most of these stakeholder are of short term and leave the initiated activities to lack sustain abilities.
6. Most of women are not clear with the benefits and purposes of using FP in general and cannot make good selection of the methods in relation to their health.

RECOMMENDATIONS:

1. Due to the increased need of male involvement in RCH services the health care providers and all FP stakeholder need to promote all method of long term methods including vasectomy so as to increase the option during the time of informed choice which may increase the utilization of FP methods.
2. Service providers and community health worker need to counsel women to opt FP methods according to their eligibility criteria for joining methods.
3. Ministry of Health through Integrated Reproductive and Child Health (IRCH) Program, DHMTs and other FP stakeholders have to ensure that women get their FP methods of their choice by ensuring availability of all family planning methods, e.g. availability of bilateral tubal ligation.
4. Ministry of Health through IRCH Program, DHMTs and other stakeholders have recognize the contribution of community health workers and provide them with incentives whenever the situation allows.
5. Ministry of health, IRCH, DHMTs, DMTs and other stake holders to ensure sustainability of established projects.

